be considered to be present with a pulse rate of 120 or over, which does not increase constantly on deep inspiration, or which can be made to beat at such a rate, the pulse remaining irregular. Auricular flutter is very much less common and cannot be diagnosed definitely without the electrocardiograph.

Signs of active infection should be sought. These are pallor, not the typical aortic pallor, but a grayish, "sick" pallor, or the café au lait of subacute bacterial endocarditis; palpable splenic enlargement, "which is better evidence of active valvular infection than of congestive failure"; transient petechiae for which frequent search should be made in the conjunctivae, and buccal mucous membranes or skin; clubbing of the fingers; fever, constant or occasional; rapid, regular pulse while the patient is at rest; and gradual but steady loss of weight.

Lastly, the etiology must be sought, and will commonly be found to have been rheumatic, syphilitic, or other infective origin, or from senile changes.

An important point which has received some emphasis, but apparently not enough, is the manner of recording the cardiac diagnosis. The study of cardiac problems would be facilitated immensely by a uniform style, and there is certainly little objection to the form proposed by the American Heart Association.[3] Not only is the latter desirable from the standpoint of uniformity in recording, but it also makes for greater thoroughness in the examination.

LOUIS BALTIMORE, Los Angeles.

Trichomonas Vaginalis Vaginitis.—Trichomonas vaginalis, a flagellate parasite, was observed in certain vaginal secretions by Donne in 1837. Many observers since then have described the organism in abnormal vaginal discharges. The origin of the infection is unknown. Whether it is the same as the trichomonas found in the intestinal tract is unknown. Its life history has not been worked out. It has been considered by most gynecologists as a nonpathogenic protozoan. Some still hold this view, but it probably causes a rather characteristic picture.

The best way to study the organism is by diluting a small amount of the secretion with normal salt solution on a slide with a cover slip. The parasites can easily be seen by the ordinary high-power lens in the fresh smears by their motility. The trichomonas is usually larger than a polymorphonuclear leukocyte but smaller than an epithelial cell. It is usually spindle-shaped or pyriform. The front end is rounded and from it protrude four flagella. An undulating membrane runs from the base of the flagella to the opposite end. The nucleus is eccentric and situated at the end near the base of the flagella.

The clinical picture is rather characteristic. Patients complain of a profuse discharge which is usually associated with burning and itching in the vagina and external genitalia. Often the discharge has a peculiar and disagreeable odor. The external genitalia and vagina are reddened, sometimes fiery red. The region of the external os is red and bleeds easily. The discharge resembles gonorrhea pus, and contains pus, blood, epithelial cells, bacteria and trichomonas organisms. The discharge is usually greenish, yellow and foamy, and at times thin and watery. Diagnosis can be made by examining a drop of the fresh discharge on a slide.

Various types of treatment have been used, none of which are entirely satisfactory. A good method is to scrub the vagina with green soap; dry, and then coat the mucous membrane with a powder, using a powder blower. Good results can be obtained by using 15 to 20 per cent mercurochrome to paint the vagina, after cleansing and drying the mucosa. Iodin and silver nitrate must be used with great caution since they may increase the irritation. Treatment should be given at least three times a week at first. They should be continued during menstruation, for the presence of the menstrual blood seems to promote the growth of the parasites. A daily douche is taken, but not on the day the patient comes to the office, so that progress can better be observed. The patient is instructed to wash the external genitalia and rectum twice daily, and after each bowel movement, with green soap, being careful to wash away from the vulva instead of toward it. Treatment should be continued till symptoms and signs of the disease have disappeared and until smears are negative. The patient should be kept under observation for months, and smears made after each menstruation and further treatment started if organisms are found.

T. FLOYD BELL, Oakland.

Brightening of Walls in Mental Hospitals Said to Aid Patients.—Bright colors on the interior walls of institutions for the mentally afflicted help to bring about better mental attitudes, and may help toward cures among the patients, according to a statement on September 27 by the California State Director of Institutions, Earl E. Jensen.

Drab grays are being replaced in California with pinks, yellows, greens, blues and other bright colors, he said, as the result of a year's experiment in the hospital at Napa.

"If you could have seen the faces of the patients at Napa a year ago when the walls were the conventional drab gray," said Mr. Jensen, "and then could see them today since the walls have been tinted bright hues, you would realize what a tremendous influence color can play. So successful has the experiment proved that we have been repainting the walls inside all of our six mental hospitals as rapidly as possible this summer.

"We use the light hues, avoiding dark blues, greens and browns, and especially red, which is known to have a distressing effect. Pinks, light blues and greens, yellows and tans, we have found, are those which have the most cheering effect on the patients. And even the nurses and other employees of the institutions are responding to the change. These asylums no longer are the drab, depressing places they once were. We have great hopes that the colors will help us in affecting cures and in generally brightening the lives of those intrusted to our care."—*The United States Daily*, September 29, 1930.